#### ATTORNEY'S DOCKET COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT PG3565USW APPLICATION WITH POWER OF ATTORNEY First Names Inventor: **CARR** Complete if known: App No.: ( ) Declaration submitted with initial filing or 09/806.840 (x) Declaration submitted after initial filing (surcharge required 37CFR1.16(e)) Filing Date Group Art Unit: As below named inventor. I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **CHEMICAL CONSTRUCTS** the specification of which (check only one item below): [ ]is attached hereto. OR [ X ] was filed on \_\_\_\_\_ as United States application Serial No. \_\_\_\_\_ or PCT International Application Number <u>GB99/03286</u> filed <u>10/05/1999</u> and was amended on (MM/DD/YYYY) (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56. Ç I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent 1 or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed: PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: Prior Foreign Application Foreign Filing Date PRIORITY Country Number (s) (MM/DD/YYYY)) **CLAIMED** 1. GB9821655.9 GB \_ 10/05/1998 Х 2. 3. 4. 5. I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below: Application No. Filing Date (MM/DD/YYYY) 2.

3. 4. 5.

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

ATTORNEY'S DOCKET NUMBER PG3565USW

STATUS (Check one)

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

				1	STATUS (Check	one)
U.S.	Parent Application or Number		ling Date D/YYYY)	PATENTED	PENDING	ABANDONED
		As a named inventor, I hereby appoint the Office connected therewith. (List name a			ecute this application a	nd transact all business in
the O.S.	ratent and Trademark	·	,			
	vid J. Levy arles E. Dadswell		nes P. Riek Brinia C. Bennett R	eg. No. 39,009 .eg. No. 37,092	Bonnie L. Deppenbro John L. Lemanowicz	
	en L. Prus			eg. No. 31,164	Amy H. Fix	Reg. No. 42,616
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El 12	zabeth Selby	Reg. No. 38,298 Lor	ie Ann Morgan R	eg. No. 38,181		
Send C	orrespondence to:				Direct Telephone Ca	alls to:
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\$L	Corporate Intellect GlaxoSmithKline,	ual Property Department				<u>P. Grassler</u> 483-2482
T.	Five Moore Drive.	PO Box 13398				
ŘΠ	Research Triangle	Park, NC 27709				
		that all statements made herein of				
		lieved to be true; and further that				
A		he like so made are punishable by ements may jeopardize the validit				and that such
C)	willful faise state	ements may jeopardize the vandit	y of the application	or any patent iss	unig mereon.	
£,	FULL NAME	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME	/INITIAL
a A	OF INVENTOR INVENTOR'S	CARR	Robin		Arthur Ellis	
<u>un</u>	SIGNATURE				DATE:	
or H	RESIDENCE &	CITY	STATE OR FOREIGN		COUNTRY OF CITIZEN	SHIP
ini.	CITIZENSHIP POST OFFICE	Stevenage POST OFFICE ADDRESS	Hertfordshire,	GB	STATE & ZIP CODE/CO	UNTRY
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	INVENTOR'S	CERTITIO			DATE:	
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	PIH L MANGE	13398 FAMILY NAME	FIRST GIVEN NAME		SECOND CIVEN NAME	ONITIAL
2	FULL NAME OF INVENTOR	KAY	Corinne		SECOND GIVEN NAME	/INITIAL
_	INVENTOR'S				DATE:	
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0	RESIDENCE & CITIZENSHIP	Cambridge	GB	LOUNTRY	FR	зніг
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3	ADDRESS	GlaxoSmithKline	Research Tria	ngle Park	NC 27709 US	
		Five Moore Drive, PO Box				
	L	13398	L		<u> </u>	

# DECLARATION FOR "371" APPLICATIO

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2	OF INVENTOR	McKEOWN	<u> Зтернен</u>	
1	INVENTOR'S			DATE:
1	SIGNATURE			
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4	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
1		Five Moore Drive, PO Box		
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	FULL NAME	MURRAY	Peter	John
2	OF INVENTOR	WUKKAI	Tetel	
	INVENTOR'S			DATE:
I _	SIGNATURE			CONTROL OF CHARACTERS
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1	CITIZENSHIP	Birmingham	GB	GB
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5	ADDRESS	GlaxoSmithKline, Inc.	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box		
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<del></del>	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PAIO	Alfredo	
*	INVENTOR'S			DATE:
	SIGNATURE			DALE.
_	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE	GlaxoSmithKline	Research Triangle Park	NC 27709 US
, <b>D</b>	ADDRESS		Research Thangle Lark	NC 27709 03
*4≓ a.m.		Five Moore Drive, PO Box		
QQ.		13398		
1,2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
22	OF INVENTOR	SCICINSKI	Jan	Josef
n Eco	INVENTOR'S		4	DATE: /
I LOT	SIGNATURE			DATE: 11 JUNE 2001
, <b>6</b> =	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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T T	CITIZENSHIP	Cambridge 68X	GB	GB ~
T T	CITIZENSHIP POST OFFICE	Cambridge 68X	GB CITY	GB  STATE & ZIP CODE/COUNTRY
T T	CITIZENSHIP	Cambridge &BX POST OFFICE ADDRESS GlaxoSmithKline	GB	GB ~
	CITIZENSHIP POST OFFICE	Cambridge &BX POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box	GB CITY	GB  STATE & ZIP CODE/COUNTRY
	CITIZENSHIP POST OFFICE	Cambridge GBX POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	GB CITY Research Triangle Park	GB — STATE & ZIP CODE/COUNTRY NC 27709 US
	CITIZENSHIP POST OFFICE	Cambridge GBX  POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME	GB CITY Research Triangle Park  FIRST GIVEN NAME	STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL
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	CITIZENSHIP POST OFFICE ADDRESS FULL NAME	Cambridge GBX  POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME	GB CITY Research Triangle Park  FIRST GIVEN NAME	STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Paul
	CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR	Cambridge GBX  POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME	GB CITY Research Triangle Park  FIRST GIVEN NAME	STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL
	CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S	Cambridge GBX  POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME	GB CITY Research Triangle Park  FIRST GIVEN NAME Stephen  STATE OR FOREIGN COUNTRY	STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Paul DATE: COUNTRY OF CITIZENSHIP
	CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	Cambridge GBX  POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME WATSON  CITY	GB CITY Research Triangle Park  FIRST GIVEN NAME Stephen	STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Paul DATE:
	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	Cambridge GBX POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME WATSON  CITY Stevenage	GB CITY Research Triangle Park  FIRST GIVEN NAME Stephen  STATE OR FOREIGN COUNTRY	STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Paul  DATE:  COUNTRY OF CITIZENSHIP GB
	FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	Cambridge	GB CITY Research Triangle Park  FIRST GIVEN NAME Stephen  STATE OR FOREIGN COUNTRY Hertfordshire, GB CITY	STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Paul DATE:  COUNTRY OF CITIZENSHIP GB  STATE & ZIP CODE/COUNTRY
	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	Cambridge	GB CITY Research Triangle Park  FIRST GIVEN NAME Stephen  STATE OR FOREIGN COUNTRY Hertfordshire, GB	STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Paul  DATE:  COUNTRY OF CITIZENSHIP GB
	FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	Cambridge	GB CITY Research Triangle Park  FIRST GIVEN NAME Stephen  STATE OR FOREIGN COUNTRY Hertfordshire, GB CITY	STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Paul DATE:  COUNTRY OF CITIZENSHIP GB  STATE & ZIP CODE/COUNTRY
	FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	Cambridge	GB CITY Research Triangle Park  FIRST GIVEN NAME Stephen  STATE OR FOREIGN COUNTRY Hertfordshire, GB CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Paul DATE:  COUNTRY OF CITIZENSHIP GB  STATE & ZIP CODE/COUNTRY NC 27709 US
	FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	Cambridge GBX  POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME WATSON  CITY Stevenage POST OFFICE ADDRESS GlaxoSmithKline, Inc. Five Moore Drive, PO Box 13398  FAMILY NAME	GB CITY Research Triangle Park  FIRST GIVEN NAME Stephen  STATE OR FOREIGN COUNTRY Hertfordshire, GB CITY Research Triangle Park  FIRST GIVEN NAME	STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Paul DATE:  COUNTRY OF CITIZENSHIP GB  STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL
	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	Cambridge	GB CITY Research Triangle Park  FIRST GIVEN NAME Stephen  STATE OR FOREIGN COUNTRY Hertfordshire, GB CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Paul DATE:  COUNTRY OF CITIZENSHIP GB  STATE & ZIP CODE/COUNTRY NC 27709 US
	CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME	Cambridge GBX  POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME WATSON  CITY Stevenage POST OFFICE ADDRESS GlaxoSmithKline, Inc. Five Moore Drive, PO Box 13398  FAMILY NAME	GB CITY Research Triangle Park  FIRST GIVEN NAME Stephen  STATE OR FOREIGN COUNTRY Hertfordshire, GB CITY Research Triangle Park  FIRST GIVEN NAME	STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Paul DATE:  COUNTRY OF CITIZENSHIP GB  STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL
	CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR	Cambridge GBX  POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME WATSON  CITY Stevenage POST OFFICE ADDRESS GlaxoSmithKline, Inc. Five Moore Drive, PO Box 13398  FAMILY NAME	CITY Research Triangle Park  FIRST GIVEN NAME Stephen  STATE OR FOREIGN COUNTRY Hertfordshire, GB CITY Research Triangle Park  FIRST GIVEN NAME Geoffrey	STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Paul DATE:  COUNTRY OF CITIZENSHIP GB STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Martyn DATE:
	CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S	Cambridge	GB CITY Research Triangle Park  FIRST GIVEN NAME Stephen  STATE OR FOREIGN COUNTRY Hertfordshire, GB CITY Research Triangle Park  FIRST GIVEN NAME Geoffrey  STATE OR FOREIGN COUNTRY	STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Paul DATE:  COUNTRY OF CITIZENSHIP GB  STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Martyn DATE:  COUNTRY OF CITIZENSHIP
ET 20 ET 30 8 2	CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	Cambridge	CITY Research Triangle Park  FIRST GIVEN NAME Stephen  STATE OR FOREIGN COUNTRY Hertfordshire, GB CITY Research Triangle Park  FIRST GIVEN NAME Geoffrey	STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Paul DATE:  COUNTRY OF CITIZENSHIP GB  STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Martyn DATE:  COUNTRY OF CITIZENSHIP NZ
ET 20 ET 30 8 2	CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & RESIDENCE &	Cambridge GBX  POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME WATSON  CITY Stevenage POST OFFICE ADDRESS GlaxoSmithKline, Inc. Five Moore Drive, PO Box 13398  FAMILY NAME WILLIAMS  CITY Cambridge POST OFFICE ADDRESS	GB CITY Research Triangle Park  FIRST GIVEN NAME Stephen  STATE OR FOREIGN COUNTRY Hertfordshire, GB CITY Research Triangle Park  FIRST GIVEN NAME Geoffrey  STATE OR FOREIGN COUNTRY GB CITY	STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Paul DATE:  COUNTRY OF CITIZENSHIP GB  STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Martyn DATE:  COUNTRY OF CITIZENSHIP NZ STATE & ZIP CODE/COUNTRY
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EJ 75 7 25 5 9 8 2 0	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	Cambridge GBX  POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME WATSON  CITY Stevenage POST OFFICE ADDRESS GlaxoSmithKline, Inc. Five Moore Drive, PO Box 13398  FAMILY NAME WILLIAMS  CITY Cambridge POST OFFICE ADDRESS GlaxoSmithKline	GB CITY Research Triangle Park  FIRST GIVEN NAME Stephen  STATE OR FOREIGN COUNTRY Hertfordshire, GB CITY Research Triangle Park  FIRST GIVEN NAME Geoffrey  STATE OR FOREIGN COUNTRY GB CITY	STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Paul DATE:  COUNTRY OF CITIZENSHIP GB  STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Martyn DATE:  COUNTRY OF CITIZENSHIP NZ STATE & ZIP CODE/COUNTRY
EJ 75 7 25 5 9 8 2 0	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	Cambridge	GB CITY Research Triangle Park  FIRST GIVEN NAME Stephen  STATE OR FOREIGN COUNTRY Hertfordshire, GB CITY Research Triangle Park  FIRST GIVEN NAME Geoffrey  STATE OR FOREIGN COUNTRY GB CITY	STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Paul DATE:  COUNTRY OF CITIZENSHIP GB  STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Martyn DATE:  COUNTRY OF CITIZENSHIP NZ STATE & ZIP CODE/COUNTRY
EJ 75 7 25 5 9 8 2 0	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	Cambridge	GB CITY Research Triangle Park  FIRST GIVEN NAME Stephen  STATE OR FOREIGN COUNTRY Hertfordshire, GB CITY Research Triangle Park  FIRST GIVEN NAME Geoffrey  STATE OR FOREIGN COUNTRY GB CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Paul DATE:  COUNTRY OF CITIZENSHIP GB  STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Martyn DATE:  COUNTRY OF CITIZENSHIP NZ STATE & ZIP CODE/COUNTRY NC 27709 US
ET 2 0 9	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	Cambridge GBX  POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME WATSON  CITY Stevenage POST OFFICE ADDRESS GlaxoSmithKline, Inc. Five Moore Drive, PO Box 13398  FAMILY NAME WILLIAMS  CITY Cambridge POST OFFICE ADDRESS GlaxoSmithKline, Five Moore Drive, PO Box 13398  FAMILY NAME FIVE MOORE Drive, PO Box 13398  FAMILY NAME	GB CITY Research Triangle Park  FIRST GIVEN NAME Stephen  STATE OR FOREIGN COUNTRY Hertfordshire, GB CITY Research Triangle Park  FIRST GIVEN NAME Geoffrey  STATE OR FOREIGN COUNTRY GB CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Paul DATE:  COUNTRY OF CITIZENSHIP GB  STATE & ZIP CODE/COUNTRY NC 27709 US  SECOND GIVEN NAME/INITIAL Martyn DATE:  COUNTRY OF CITIZENSHIP NZ STATE & ZIP CODE/COUNTRY
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#### COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT ATTORNEY'S DOCKET PG3565USW APPLICATION WITH POWER OF ATTORNEY First Names Inventor: **CARR** Complete if known: App No.: ( ) Declaration submitted with initial filing or 09/806,840 (x) Declaration submitted after initial filing (surcharge required 37CFR1.16(e)) Filing Date Group Art Unit: As below named inventor. I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **CHEMICAL CONSTRUCTS** the specification of which (check only one item below): [ ]is attached hereto. OR [ X ] was filed on \_\_\_\_\_\_ as United States application Serial No. \_\_\_\_\_ or PCT International Application Number GB99/03286 \_\_\_\_ 10/05/1999 — and was amended on (MM/DD/YYYY) filed (if applicable) £ä I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56. I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed: PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: Prior Foreign Application Country Foreign Filing Date PRIORITY Number (s) (MM/DD/YYYY)) **CLAIMED** 1. GB9821655.9 10/05/1998 -GB 2. 3. 4. 5. I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below: Application No. Filing Date (MM/DD/YYYY) 3.

4.

ATTORNEY'S DOCKET NUMB

PG3565USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

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U.S.	Parent Application or Number	PCT Parent	Parent Filir (MM/DD/)	ng Date (YYY)	PATENT		PENDING	ABANDONED
		As a named inventor, I he Office connected therew				prosecut	te this application a	nd transact all business
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	vid J. Levy arles E. Dadswell	Reg. No. 27.655 Reg. No. 35.851		P. Riek nia C. Bennett	Reg. No. 39,009 Reg. No. 37,092	Jo	onnie L. Deppenbro ohn L. Lemanowicz	nck Reg. No. 28,209 Reg. No. 37,380
	ren L. Prus	Reg. No. 39.337	Frank	P.Grassler	Reg. No. 31,164		my H. Fix	Reg. No. 42,616
	bert H. Brink zabeth Selby	Reg. No. 36,094 Reg. No. 38,298		opher P. Rogers Ann Morgan	Reg. No. 36,334 Reg. No. 38,181	-		
nd C	orrespondence to:			<del></del>	<del></del>		Direct Telephone C	Calls to:
W W	David J. Levy, Pate	ent Counsel tual Property Departm	ent					c P. Grassler
77	GlaxoSmithKline.		<del>= -</del>			- 1	919	-483-2482
T	Five Moore Drive, Research Triangle	Pork NC 27709						
QD.		that all statements	made herein of n	ny own knou	ledge are true a	nd that	all statements m	nade on information
45		elieved to be true; a						
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<b>£</b> 3	willful false stat	ements may jeopare	lize the validity	of the applica	tion or any pate	nt issui	ng thereon.	
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	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	CITY Stevenage		Robin  STATE OR FOR Hertfords!	EIGN COUNTRY		Arthur Ellis  DATE:  COUNTRY OF CITIZE  GB	ENSHIP
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	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	Stevenage POST OFFICE ADDRESS GlaxoSmithKlin Five Moore Driv		Robin  STATE OR FOR  Hertfordsh	eign country hire, GB		Arthur Ellis DATE: COUNTRY OF CITIZE GB STATE & ZIP CODE/C	ENSHIP
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	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	McKEOWN	Stephen	Carl
	INVENTOR'S SIGNATURE			DATE:
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE	Stevenage POST OFFICE ADDRESS	Hertfordshire, GB	GB STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box		
		13398 FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	FULL NAME OF INVENTOR	MURRAY	Peter Peter	John
5-50	INVENTOR'S	P.J. Muma	14	DATE: 14- Tune 2001
3 0	SIGNATURE RESIDENCE &	CVENT	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Birmingham GBX	GB	GB
. 5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline, Inc.	Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
	ADDRESS	Five Moore Drive, PO Box		
		13398		
2	FULL NAME OF INVENTOR	FAMILY NAME PAIO	FIRST GIVEN NAME Alfredo	SECOND GIVEN NAME/INITIAL
2	INVENTOR'S	TAIO	Ameuo	DATE:
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e C	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
<b>6</b>	ADDRESS	GlaxoSmithKline   Five Moore Drive, PO Box	Research Triangle Park	NC 27709 US
		13398		
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	OF INVENTOR INVENTOR'S	SCICINSKI	Jan	Josef
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O.	RESIDENCE & CITIZENSHIP	CITY Cambridge	STATE OR FOREIGN COUNTRY  GB	COUNTRY OF CITIZENSHIP  GB
fill dimenta	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	WATSON	Stephen	Paul
i i	INVENTOR'S SIGNATURE			DATE:
O	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP POST OFFICE	Stevenage POST OFFICE ADDRESS	Hertfordshire, GB	GB STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline, Inc.	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box		
		13398 FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2 /	FULL NAME OF INVENTOR	WILLIAMS	Geoffrey	Martyn
$\perp \times \rfloor$	INVENTOR'S	E J WILL	-	DATE: 14 - Que - 2001
A-04	SIGNATURE RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Cambridge GBX POST OFFICE ADDRESS	GB CITY	NZ STATE & ZIP CODE/COUNTRY
9	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box		
		13398		
2	FULL NAME OF INVENTOR	FAMILY NAME ZARAMELLA	FIRST GIVEN NAME Alessio	SECOND GIVEN NAME/INITIAL
	INVENTOR'S			DATE:
0	SIGNATURE RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
'	CITIZENSHIP	Verona	IT	IT
10	POST OFFICE	POST OFFICE ADDRESS GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
10	ADDRESS	Five Moore Drive, PO Box	Acocai cu Triangie Fai K	110 21 107 03
		13398	Lag.	4

#### ATTORNEY'S DOCKET COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT PG3565USW APPLICATION WITH POWER OF ATTORNEY First Names Inventor: CARR Complete if known: App No.: ( ) Declaration submitted with initial filing or 09/806,840 (x) Declaration submitted after initial filing (surcharge required 37CFR1.16(e)) Filing Date Group Art Unit: As below named inventor. I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: CHEMICAL CONSTRUCTS the specification of which (check only one item below): [ ]is attached hereto. OR [ X ] was filed on \_\_\_\_\_\_as United States application Serial No. \_\_\_\_\_\_or PCT International Application Number <u>GB99/03286</u> filed <u>10/05/1999</u> and was amended on (MM/DD/YYYY) \_\_\_\_(if applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. N I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56. 1 I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed: PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: Foreign Filing Date PRIORITY Prior Foreign Application Country CLAIMED (MM/DD/YYYY)) Number (s) 10/05/1998 1. GB9821655.9 🗸 GB 🖊 Х 3. 4. I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below: Filing Date (MM/DD/YYYY) Application No.

3.

ATTORNEY'S DOCKET NUMBER

PG3565USW

I hereby claim the benefit under 35, U.S.C. § 120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT

international filing date of this application:						
PRIOR	U.S. PARENT	APPLICATION or PCT PARENT	APPLICATION			
111011				STATUS (Check one)		
U.S.	Parent Application or	PCT Parent Parent Filir		PENDING ABANDONED		
	Number	(MM/DD/Y	(YYY)			
DOWED	OF ATTORNEY.	a a named inventor. I harshy amoint the fal	llowing atternavia and/or agent(s) to pro-	secute this application and transact all business in		
the U.S. P	Or ATTORNET: A	Office connected therewith. (List name and	registration number)	secute this application and transact air ousiness in		
	id J. Levy		P. Riek <u>Reg. No. 39,009</u>	Bonnie L. Deppenbrock Reg. No. 28,209		
	rles E. Dadswell en L. Prus		nia C. Bennett Reg. No. 37,092 P.Grassler Reg. No. 31,164	John L. Lemanowicz Reg. No. 37,380  Amy H. Fix Reg. No. 42,616		
	ert H. Brink		opher P. Rogers Reg. No. 36,334	7 Mily 11. 1 M		
	abeth Selby	Reg. No. 38.298 Lorie	Ann Morgan Reg. No. 38,181			
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19500	orrespondence to:			Direct Telephone Calls to:		
- 00	David J. Levy. Pate	ent Counsei ual Property Department		Frank P. Grassler		
140	GlaxoSmithKline.			-919-483-2482		
M.	Five Moore Drive,	PO Box 13398				
<u> 89</u>	Research Triangle					
tin in				at all statements made on information		
ģŋ.		lieved to be true; and further that th				
£II		he like so made are punishable by fi				
C1	willful false state	ements may jeopardize the validity				
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL		
	OF INVENTOR INVENTOR'S	CARR	Robin	Arthur Ellis		
LIT	SIGNATURE			DATE:		
(O)	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
ķä.	CITIZENSHIP	Stevenage POST OFFICE ADDRESS	Hertfordshire, GB	GB STATE & ZIP CODE/COUNTRY		
1	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US		
•	11001000	Five Moore Drive, PO Box				
		13398				
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL		
2	OF INVENTOR	GEHANNE	Sylvie			
	INVENTOR'S SIGNATURE			DATE:		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
ĭ	CITIZENSHIP	Verona	IT	FR		
_ [	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY		
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US		
		Five Moore Drive, PO Box				
	EIII I MANAE	13398 FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL		
2	FULL NAME OF INVENTOR	KAY	Corinne	SECOND SIVEN NAMED IN THE		
3-04	INVENTOR'S	BI		DATE: 12th dune 2001		
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0	RESIDENCE & CITIZENSHIP	Cambridge GBX	STATE OR FOREIGN COUNTRY  GB	FR -		
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY		
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US		
		Five Moore Drive, PO Box				
		13398	i			

l	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	McKEOWN	Stephen	Carl
	INVENTOR'S			DATE:
1 .	SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &			GB
1	CITIZENSHIP	Stevenage POST OFFICE ADDRESS	Hertfordshire, GB	STATE & ZIP CODE/COUNTRY
1 . 1	POST OFFICE	GlaxoSmithKline		NC 27709 US
4	ADDRESS	I control of the cont	Research Triangle Park	NC 27/09 US
		Five Moore Drive, PO Box		
		13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1 2 1	OF INVENTOR	MURRAY	Peter	John
	INVENTOR'S			DATE:
	SIGNATURE			
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Birmingham	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline, Inc.	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box		,
		13398		
$\vdash$	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1 20	OF INVENTOR	PAIO	Alfredo	SECOND GIVEN NAMEDIATIAL
16504	INVENTOR'S		- Tarrica o	DATE:
	SIGNATURE	1 Alless V	26	DATE: 11th, June 2001
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1 "	CITIZENSHIP	Verona ITX	IT	IT /
in the	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
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(FFE		13398		
Europi Sees	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
(2)	OF INVENTOR	SCICINSKI	Jan	Josef
	INVENTOR'S			DATE:
45	SIGNATURE			
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Cambridge POST OFFICE ADDRESS	GB CITY	GB STATE & ZIP CODE/COUNTRY
ji ji	POST OFFICE			
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
1,1		Five Moore Drive, PO Box		
Pit :		13398		
} *t≠	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
12	OF INVENTOR	WATSON	Stephen	Paul
(iii)	INVENTOR'S			DATE:
10.5	SIGNATURE			
1 70	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Stevenage	Hertfordshire, GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline, Inc.	Research Triangle Park	NC 27709 US
1		Five Moore Drive, PO Box		
		13398	1	
$\vdash$	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2		WILLIAMS	Geoffrey	Martyn
4	OF INVENTOR INVENTOR'S	WILLIAMS	Geoffrey	<del>_</del>
1 1				DATE:
0	SIGNATURE RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
"	CITIZENSHIP	Cambridge	GB	NZ
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
9	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
,	ADDICESS	Five Moore Drive, PO Box	Research Friangie Faik	110 27705 05
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		13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	ZARAMELLA	Alessio	
	INVENTOR'S	Hergio Ja	will	DATE: 18th Pure DOOL
	SIGNATURE			- 10 sure was
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Verona	IT	IT
	POST OFFICE	POST OFFICE ADDRESS	CITY Page and Thionals Paul	STATE & ZIP CODE/COUNTRY
10	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
	11.	Five Moore Drive, PO Box	1.5	11
		13398		
		<b></b>	<u> </u>	

( ) Declaration submitted with initial filing or (x) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

ATTORNEY'S DOCKET PG3565USW	
First Names Inventor: CARR	
Complete if known: App No.:	
09/806,840	
Filing Date	
Group Art Unit:	

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

#### **CHEMICAL CONSTRUCTS**

the specification of w	hich (check only one	item below):			·
[ ]is attached hereto. OR					
[X] was filed on	as United S	States application	Serial No	or PCT Inter	national
Application Number	GB99/03286 (if applicable)	filed	10/05/1999	and was amended on (M	M/DD/YYYY)
I hereby state that I has amended by any ar				dentified specification, include	ling the claims,
I acknowledge the du	ty to disclose informa	ation which is ma	nterial to patentabi	lity as defined in 37 CFR §1.5	56.
or inventor's certificate United States of Ame patent or inventor's conventor which priority is clair	te or 365(a) of any PC rica, listed below and crtificate or of any PC ned:	CT international language lang	application which fied below, by che application having	(b) of any foreign application designated at least one countr ecking the box, any foreign ap a filing date before that of the	y other than the
PRIOR FOREIGN AND AN	Y PRIORITY CLA	IMS UNDER 35			
Prior Foreign Application		Country		Foreign Filing Date	PRIORITY
Number (s)  1. GB9821655.9		GB		(MM/DD/YYYY)) 10/05/1998	CLAIMED
2.		06		10/03/1996	^
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<b>4</b> . <b>5</b> .					
I hereby claim the benefit under					) listed below:
Application N	lo.	Fili	ng Date (MM/DD/	YYYY)	
2					
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ATTORNEY'S DOCKET NUMBER

PG3565USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

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PRIOR	U.S. PARENT	APPLICATION or PCT PAREN	T APPLICATION	<u> </u>			
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0.3.	Number	PCT Parent Parent Fil (MM/DD/		PATENTED	PENDING	ABANDONED	
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POWER	OF ATTORNEY: A	As a named inventor, I hereby appoint the fo	llowing attorney(s) and	or agent(s) to pros	ecute this application an	d transact all business in	
the U.S. I	atent and Trademark	Office connected therewith. (List name and	registration number)	or agonics) to pros	ocaic and application an	o nansaci in ousiness m	
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	id J. Levy rles E. Dadswell			z. No. 39,009 z. No. 37,092	Bonnie L. Deppenbroc John L. Lemanowicz		
3 Kar	en L. Prus		P.Grassler Res	g. No. 31,164	Amy H. Fix	Reg. No. 42,616	
		Reg. No. 36.094 Chris	topher P. Rogers Res	g. No. 36,334	,,		
	abeth Selby	Reg. No. 38,298 Lorie	Ann Morgan Reg	. No. 38,181			
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Seng Co	orrespondence to:				Direct Telephone Ca	ills to:	
Ü	David J. Levy, Pate	ent Counsel tual <u>Property Department</u>			Frank	P. Grassler	
45	GlaxoSmithKline,	-				483-2482	
m	Five Moore Drive,	PO Box 13398					
— As Gla	Research Triangle				.1		
12		that all statements made herein of					
		elieved to be true; and further that t					
		he like so made are punishable by				and that such	
8 <b>P</b> A	willful false stat	ements may jeopardize the validity	of the application	or any patent is	suing thereon.		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME	INITIAL	
1-00	OF INVENTOR	CARR	Robin		Arthur Ellis		
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() ()	SIGNATURE RESIDENCE &	CITY	STATE OR FOREIGN C	OLINTRY	COUNTRY OF CITIZEN	/ / ·	
far par	CITIZENSHIP	Stevenage &BX	Hertfordshire,		GB /		
44	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/CO	UNTRY	
1	ADDRESS	GlaxoSmithKline	Research Trian	gle Park	NC 27709 US		
		Five Moore Drive, PO Box					
		13398	<u> </u>		<u> </u>		
2	FULL NAME OF INVENTOR	FAMILY NAME GEHANNE	FIRST GIVEN NAME Sylvie		SECOND GIVEN NAME	/INITIAL	
2	INVENTOR'S	GERANIE	Sylvie		DATE:		
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0	RESIDENCE &	CITY	STATE OR FOREIGN C	OUNTRY	COUNTRY OF CITIZEN	SHIP	
	CITIZENSHIP	Verona	IT		FR	<del></del>	
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	Research Trian	gla Park	NC 27709 US	DUNTRY	
-	ADDRESS	Five Moore Drive, PO Box	Research Irlan	gie I ai K	110 27709 08		
		13398	1				
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	<del></del>	SECOND GIVEN NAME	/INITIAL	
2	OF INVENTOR	KAY	Corinne		,	<del>-</del>	
	INVENTOR'S			······································	DATE:	<del></del>	
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	CITIZENSHIP POST OFFICE	Cambridge POST OFFICE ADDRESS	CITY		FR STATE & ZIP CODE/CO	DUNTRY	
3	ADDRESS	GlaxoSmithKline	Research Trian	gle Park	NC 27709 US		
-		Five Moore Drive, PO Box		G			
		13308			1		

2	FULL NAME OF INVENTOR	FAMILY NAME MCKEOWN	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL  Carl
. ~	INVENTOR'S	Callina	Втернен	DATE: 13/6/01
400	SIGNATURE	S.Mchowy Stevenage G-BX		COUNTRY OF CITIZENSHIP
/ 0	RESIDENCE & CITIZENSHIP	Stevenage GBX	STATE OR FOREIGN COUNTRY Hertfordshire, GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box		
	FULL NAME	13398 FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MURRAY	Peter	John
	INVENTOR'S			DATE:
0	SIGNATURE RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Birmingham	GB	GB
_	POST OFFICE	POST OFFICE ADDRESS	Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
5	ADDRESS	GlaxoSmithKline, Inc. Five Moore Drive, PO Box	Research Triangle Fark	NC 27709 US
		13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PAIO	Alfredo	DATE.
	INVENTOR'S SIGNATURE			DATE:
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Verona POST OFFICE ADDRESS	IT CITY	IT STATE & ZIP CODE/COUNTRY
65	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
	ADDRESS	Five Moore Drive, PO Box		
¥E		13398		
.3	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR'S	SCICINSKI	Jan	Josef
1 1 1	SIGNATURE			DATE:
1101	RESIDENCE &	Combaidee	STATE OR FOREIGN COUNTRY  GB	COUNTRY OF CITIZENSHIP  GB
42 42	CITIZENSHIP POST OFFICE	Cambridge POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
75	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
1		Five Moore Drive, PO Box		
(*)		13398	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
Lift	FULL NAME 7-OF INVENTOR	FAMILY NAME WATSON	Stephen	Paul
Q	INVENTOR'S	8 10-		DATE: 15/06/01
0	SIGNATURE	BC CC	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE & CITIZENSHIP	CITY Stevenage GBX	Hertfordshire, GB	GB ~
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline, Inc.	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box		
	ETHI NAME	13398 FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	FULL NAME OF INVENTOR	WILLIAMS	Geoffrey	Martyn
	INVENTOR'S			DATE:
0	SIGNATURE RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
"	CITIZENSHIP	Cambridge	GB	NZ
	POST OFFICE	POST OFFICE ADDRESS	Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
9	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box	Research Hangle Fark	140 21105 05
		13398	1	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	ZARAMELLA	Alessio	
	INVENTOR'S SIGNATURE			DATE:
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Verona POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
10	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box		
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